

Julspops Dog Walking & Pet/House Sitting Services

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Clients Pet & Veterinary Information Form Cat Visits & Cat Sitting

Pet 1

Pet Name: _____ Indoor Only Cat: Y/N / Indoor/Outdoor Cat: Y/N

Female / Male, Spayed / Neutered, Is your pet licensed Y/N

Is your pet microchipped, if yes, provide # _____ ?

Does your pet have Pet Insurance Y/N, if yes, please provide details? _____

Is your pet vaccinated for Rabies, Y/N Please provide copy of current certificate?

Is your pet vaccinated for FVRCP, Y/N Please provide copy of current certificate?

If your pet is not vaccinated, please advise, as to the reasoning of non-vaccination in case of an emergency: IE: Medical Condition, Age etc.;

Color: _____ Distinctive markings: _____ Breed: _____ Age: _____

How do you describe your pet's personality?

Friendly Easy-going Aloof Excitable Stubborn Meek Other _____

Behaviour toward strangers?

Excited Friendly Aloof Cautious Stressed Scared Defensive Aggressive Indifferent

Has the pet ever bitten, or acted aggressively toward a person? Yes No

If yes, please explain: _____

Is the pet friendly toward adults & children? Yes No

If no, please explain? _____

Has the pet ever started a fight with another animal? Yes No

If yes, please explain _____

Are you aware of any reason I should approach the pet with caution? Yes No

If yes, please explain _____

How does the pet react to your absence from home? _____

Does the pet have a favourite hiding spot? If, so where? _____

Favourite Toys or Activities: _____

Pet 2

Pet Name: _____ Indoor Only Cat: Y/N / Indoor/Outdoor Cat: Y/N

Female / Male, Spayed / Neutered, Is your pet licensed Y/N

Is your pet microchipped, if yes, provide # _____ ?

Does your pet have Pet Insurance Y/N, if yes, please provide details? _____

Is your pet vaccinated for Rabies, Y/N Please provide copy of current certificate?

Is your pet vaccinated for FVRCP, Y/N Please provide copy of current certificate?

If your pet is not vaccinated, please advise, as to the reasoning of non-vaccination in case of an emergency: IE: Medical Condition, Age etc.;

Color: _____ Distinctive markings: _____ Breed: _____ Age: _____

How do you describe your pet's personality?

Friendly Easy-going Aloof Excitable Stubborn Meek Other _____

Behaviour toward strangers?

Excited Friendly Aloof Cautious Stressed Scared Defensive Aggressive Indifferent

Has the pet ever bitten, or acted aggressively toward a person? Yes No

If yes, please explain: _____

Is the pet friendly toward adults & children? Yes No

If no, please explain? _____

Has the pet ever started a fight with another animal? Yes No

If yes, please explain _____

Are you aware of any reason I should approach the pet with caution? Yes No

If yes, please explain _____

How does the pet react to your absence from home? _____

Does the pet have a favourite hiding spot? If, so where? _____

Favourite Toys or Activities: _____

If more than 2 pet(s) a separate sheet will be provided.

PLEASE NOTE: All pets have their own personalities and behaviours so it is important to complete all necessary details regarding each pet, SEPARATELY.

Is your pet(s) on any **MEDICATIONS?** Medical, Diabetic or Allergy related, if, yes please fill out the information below. Each medication **MUST** be listed separately along with the instructions. If more than two medications another form will be provided.

Pet 1

What is the pet's illness? _____

What Medication is your pet on? Please list medication: _____

Medication #1 _____

When to Administer - A/M _____ P/M _____ BOTH _____ With/Without Food _____

Amount to Administer _____ Oral or Injection _____

Pet Owner's Signature of Authorization: _____

What is the pet's illness? _____

What Medication is your pet on? Please list medication: _____

Medication #2 _____

When to Administer - A/M _____ P/M _____ BOTH _____ With/Without Food _____

Amount to Administer _____ Oral or Injection _____

Pet Owner's Signature of Authorization: _____

Pet 2

What is the pet's illness? _____

What Medication is your pet on? Please list medication: _____

Medication #1 _____

When to Administer - A/M _____ P/M _____ BOTH _____ With/Without Food _____

Amount to Administer _____ Oral or Injection _____

Pet Owner's Signature of Authorization: _____

What is the pet's illness? _____

What Medication is your pet on? Please list medication: _____

Medication #2 _____

When to Administer - A/M _____ P/M _____ BOTH _____ With/Without Food _____

Amount to Administer _____ Oral or Injection _____

Pet Owner's Signature of Authorization: _____

FEEDING INSTRUCTIONS:

Pet 1

Morning Y/N How Much: _____ Dry and or Wet _____

Lunchtime Y/N How Much: _____ Dry and or Wet _____

Supper Y/N How Much: _____ Dry and or Wet _____

Pet 2

Morning Y/N How Much: _____ Dry and or Wet _____

Lunchtime Y/N How Much: _____ Dry and or Wet _____

Supper Y/N How Much: _____ Dry and or Wet _____

Any other feeding instructions: _____

If more than 1 pet and all pets are on the same feeding schedule and quantity of food, please just complete the information under pet 1. Otherwise please complete each pet.

PLEASE LIST LOCATION OF THE FOLLOWING:

Toys _____ Cat Nip _____

Carrier(s) _____ / Brushes _____

Dry Food _____ / Wet Food _____

Can Opener (if applicable) _____ / Allowed Treats? Y/N, How Many: _____

How Frequent: _____ Where will I find the Treats _____

Pet Waste Disposal _____

Pet Related Cleaning Supplies: _____

Other: _____

Consent for Pet Sitter to Authorize Medical Treatment

I, _____ (PRINT NAME) the owner of the above-named pet(s), request that Julspops Dog Walking & Pet/House Sitting Services provide routine care for my pet(s) while I am away from home per my written instructions.

Should an injury or illness occur to my pet(s) that requires veterinary care during my absence, I authorize Julspops Dog Walking & Pet/House Sitting Services the pet sitter to act as my agent in procuring veterinary care, with fees not to exceed the amount noted below, per pet. I understand that

Julspops Dog Walking & Pet/House Sitting Services assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.

Pet Name _____ Maximum Amount _____
Pet 1 _____ \$ _____ **Signed: _____**
Signature is required to authorize treatment.

Pet Name _____ Maximum Amount _____
Pet 2 _____ \$ _____ **Signed: _____**
Signature is required to authorize treatment.

Any Special Instructions:

Pet 1: _____

Pet 2: _____

I agree to pay the fees for such professional veterinary services as soon as possible after I return and, in the absence of gross negligence, will not hold Julspops Dog Walking & Pet/House Sitting Services the pet sitter liable for injuries or illnesses suffered by my pet(s) or any fees for veterinary services incurred on their behalf. I hereby authorize Julspops Dog Walking & Pet/House Sitting Services the pet sitter to seek veterinary services in order to provide essential medical or surgical services with my consent from:

Primary Veterinary Clinic:

Name _____ Address: _____

City: _____ Phone: _____

Preferred Urgent Care Veterinary Facility:

Name _____ Address: _____

City: _____ Phone: _____

I understand that Julspops Dog Walking & Pet/House Sitting Services reserves the right to utilize the services of any available veterinary clinic in the event of an emergency.

I do _____ I do not _____ (initial one) authorize intensive medical care efforts for my pet.
I have _____ I have not _____ (initial one) contacted my pet's local veterinarian and, therefore, he/she is aware _____ unaware _____ (initial one) that I will be absent and that Julspops Dog Walking & Pet/House Sitting Services the pet sitter may seek veterinary services in my absence.

In the event the attending veterinarian determines that my pet is suffering and/or is incurably injured, I give my consent _____ do not give my consent _____ (initial one) for euthanasia. If my pet should die or is euthanized, I request that the body be retained until I return _____ be individually cremated _____ be communally cremated _____ (initial one) and I agree to pay the fees for such services.

I certify that all of the above information is true and correct to the best of my knowledge, and that I will notify Julspops Dog Walking & Pet/House Sitting Services of any changes immediately.

_____/_____/_____ Dated in the City of London, Ontario

Pet Owner's Signature: _____ Pet Owners Name: _____

Pet Owner's Address: _____

Privacy Policy:

Julspops Dog Walking & Pet/House Sitting Services will not share any of your personal & confidential information that is provided at time of service with any third party. All information is held in a secured location. Bonded & Insured with PROFur.